FALLER AGREEMENT 2008

LL Meadow Wildfire Inc PO Box 1104 Twisp, WA 98856-1104 Ph #509-429-0185

Contract # AG-04H1-B-08-7027 Awarded: 07/22/08 DUNS: 144578569

Type 1 Professional Single Faller, Daily Rate: \$1100.00 Type 1 Professional Faller Module, Daily Rate: \$2100.00

| SOLICITATION/ | CONTRACT/O | RDER FOR | COMM | ERCIAL | ITEMS | 1. REQUISTIO | N NUMBE | R | PAGE | 1 OF 43 | |
|--|------------------------------------|-----------------------------|------------------------|------------------------------|----------------|-----------------------|-----------------------------------|---|----------|-------------------------------|-------------------|
| OFFEROR | TO COMPLET | E BLOCKS | 12, 17, | 23, 24, 8 | 30 | HAAOB! | 3049 | | | | |
| 2, CONTRACT NO. P.6 - OYHIB- | 08-7037 | 3. AWARD/EF | FECTIVE 208 | 4. ORDEF | RNUMBER | 5. SOLICITATI AG-0 | ON NUMI 4H1-S-08 | | | ICITATIOI E: 03/20/2 | |
| 7. FOR SOLICITATION CA | ON _ | | | Operation S Contracting (| | | E NUMBE 3-808-232 1-471-674 | 3 | 04/21/2 | ER DUE D 2008 L TIME: 4 | |
| 9. ISSUED BY | | | CODE | | 10. THIS | ACQUISITION IS | 3 | | | | |
| | | | | | ☐ UNRE | STRICTED OR | | SET ASIDE: | | 100 % F | |
| USDA Forest Service R-6 Pacific Northwest R Grants Pass Interagence 2164 NE Spalding Aven | y Office | | | | | |] - | SMALL BUSING HUBZONE SM. BUSINESS | | ☐ EMEI SMALL I | RGING BUSINESS |
| Grants Pass, OR 97526 | 3 | | | | NAICS: | | S |] SERVICE DISA MALL BUSINESS] 8(A) | | ETERAN-(| OWNED |
| 11. DELIVERY FOR FO | DESTINATION | 12. DISCOUN | TTEDMS | | | ANDARD: \$16.5 I | | Ba, RATING | | | |
| UNLESS BLOCK IS MA | | 12. DIGCOON | I I EKNO | | | D ORDER UNDE | | | | | |
| SEE SCHEDULE | | | | | DPAS | (15 CFR 700) | 1. | METHOD OF | SOLICITA | ATION | |
| | | | | | <u> </u> | | Į ∑ | RFQ | □IFB | | RFP |
| 15. DELIVER TO | | | CODE | L | 16. ADMI | NISTERED BY | | | CODE | | Ц |
| 17a. CONTRACTOR/ L Meadow PD Box 11 | Woldfire T | Inc | CODE | 7 | 18a. PAY | MENT WILL BE N | MADE BY | | CODE | | |
| TELEPHONE NO. 57 | 9- 479- 01 | BSWA | 9885 | ما ١ | | | | | | | |
| ☐ 17b. CHECK IF REM OFFER | | ENT AND PUT S | SUCH ADDI | RESS IN | 1 | MIT INVOICES T | | | BLOCK 1 | 8a UNLES | S BLOCK |
| 19. | 0011 | 20. | | | | 21. | 22. UNIT | 23. UNIT PI | | | 24. JOUNT |
| ITEM NO. | Single Fallers and | EDULE OF SUP | | | 1 | QUANTITY | UNIT | See Section | | | - IOON1 |
| | | gnments (see at | tached) X] Contrac | | ernment | · | | | | | |
| 25. ACCOUNTING AND | APPROPRIATION D | ATA | | | | | 26. TO | AL AWARD AM | OUNT (F | or Govt. U | se Only) |
| | | | | | | | | | | | ļ |
| ■ 27a. SOLICITATION INCO | ORPORATES BY REFER | ENCE FAR 52.212 | 2-1, 52.212-4. | FAR 52.212- | 3 AND 52.212-5 | ARE ATTACHED. | ADDENDA | ⊠ A | RE | ARE N | |
| 27b. CONTRACT/PURCH | IASE ORDER INCORPO | RATES BY REFER | RÉNCE FAR 5 | 2.212-4. FAR | 52.212-5 IS AT | TACHED. ADDEND |)A | □ A | RE | ATTACHE ☐ ARE NO ATTACHE | от |
| | OFFICE. CONTRAC SET FORTH OR OT | CTOR AGREES HEERWISE IDE | TO FURNIS NTIFIED A | SH AND BOVE AND (| | | CLUDING | | S OR CH | | |
| 30a. SIGNATURE OF OF | FEROR/CONTRACT | OR T | | | 31a UNITED | STATES OF AM | ERICA (S | IGNATURE OF (| CONTRA | CTING OF | FICER) |
| 30b. NAME AND TITLE (| OF SIGNER (Type or | print) 30 | Dc. DATE S | GNED | 31b. NAME (| OF CONTRACTIN | IG OFFIC | ER (Type or prin | t) 3 | 1c. DATE | SIGNED |
| R Reed G | vacilou | ner L | 1-14. | -081 | Hern | nadine - | Bar | 101 | | 7 22 | 108 |

Schedule of Items

| 1 | | | |
|--------|--|------------|-----------|
| Item 1 | Type 1 Professional Single Faller | Daily Rate | \$ 1100° |
| Item 2 | Type 1 Professional Faller Module (2 Fallers) | Daily Rate | \$ 2100°° |
| Item 3 | Type 2 Single Class C Certified Faller | Daily Rate | \$ |
| Item 4 | Type 2 Class C Certified Faller Module (2 Fallers) | Daily Rate | \$ |

| Company Name | LL Meadow Wildfire Inc |
|-------------------------|---|
| DUNS Number | 14 457 8569 |
| Contact Name | Reed Gracie |
| E-Mail Address | salynacakes Whotmail.com |
| Phone Numbers (up to 6) | 509 4290185 509 4290369 509 4298463 509 997 0211 |
| Fax Number | 509 429 0185 |
| Mailing Address | Street: POB 1104 |
| | City/State Twisp / WA Zip: 98856 |

Complete the following as a roster of <u>all</u> proposed fallers. (Attach additional sheets as necessary. Please ensure all pages are appropriately marked with the solicitation number and vendor name.)

| , | Faller Name | Туре | City/State(Identify the dispatch location (city/state) for each if different than the offeror's address) |
|----|------------------|--------------------------------|--|
| / | Royfuller | Professional [] Class "C" | TWISP WA |
| | Pat Fitzgerald | Professional [] Class "C" | Twisp WA |
| /[| Paul Picclet | Professional [] Class "C" | Tuisp WA |
| 1 | John Neunekerst. | Professional [] Class "C" | Pateros WA |
| 4 | Duanne Ferry | Professional [] Class "C" | Randle, WA |
| /[| Kraig Dow | Professional [] Class "C" | Randle WA |
| /[| Jim Johnson | Professional [] Class "C" | chehalis WA |
| ∕[| Bob Smith | Professional [] Class "C" | chehulis WA |
| ∕[| Kelsey Gorum | Professional [] Class "C" | chehalis WA |
| 4 | scott Hodges | [4] Professional [] Class "C" | chenalis wa |
| 4 | Byron Clevenger | Professional [] Class "C" | chehalis wa |
| ∕[| Tracy Bowen | Professional [] Class "C" | chehalis WA |
| | | [] Professional [] Class "C" | |

| continued - Schedule of Items | | | | |
|-------------------------------|---|------------|-------------------|--|
| Item 1 | Type 1 Professional Single Faller | Daily Rate | \$ see First page | |
| Item 2 | Type 1 Professional Faller Module (2 Fallers) | Daily Rate | \$ | |
| Item 3 | Type 2 Single Class C Certified Faller | Daily Rate | \$ | |
| Item 4 | Type 2 Class C Certified Faller Module (2 Fallers) | Daily Rate | \$ | |

| Company Name | 14 | Meadow | WildFire inc. | |
|-------------------------|------------|--------|---------------|--|
| DUNS Number | | | | |
| Contact Name | | | | |
| E-Mail Address | | | | |
| Phone Numbers (up to 6) | | | | |
| Fax Number | | ····· | | |
| Mailing Address | Street: | | | |
| - | City/State | | Zip: | |

Complete the following as a roster of <u>all</u> proposed fallers. (Attach additional sheets as necessary. Please ensure all pages are appropriately marked with the solicitation number and vendor name.)

| Faller Name | Туре | City/State(Identify the dispatch location (city/state) for each if different than the offeror's address) |
|------------------|--------------------------------|--|
| James Huner | [Professional [] Class "C" | okanogan/WA |
| Nicholas DeKriek | Professional [] Class "C" | Deming / WA |
| | [] Professional [] Class "C" | J / |
| | [] Professional [] Class "C" | |
| | [] Professional [] Class "C" | |
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| | [] Professional [] Class "C" | |

Type 1 Professional Faller Module: Six modules available
(Identify each faller module with a unique resource number/name for identification purposes).

Equipment ID (Resource Number/Name)

City/State(Identify the dispatch location (city/different than the offeror's address)

Twisp | WA

| Equipment ID (Resource Number/Name) | CITY/STATE(Identify the dispatch location (city/state) for each if different than the offeror's address) |
|-------------------------------------|--|
| East 1 | TWISP I WA |
| East 2 | TwisP/WA |
| west 1 | Randle I WA |
| west 2 | Chehalis / WA |
| west 3 | chehalis/wa |
| west 4 | chehalis/WA |
| | |
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| | |
| | |
| | |

| Type 2 Class C Faller Module: | modules available |
|-------------------------------|-------------------|
| - J F | |

(Identify each faller module with a unique resource number/name for identification purposes).

| Equipment ID (Resource Number/Name) | City/State(Identify the dispatch location (city/state) for each if different than the offeror's address) |
|-------------------------------------|--|
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- 1. I certify that all fallers proposed under this solicitation meet the training and experience requirements stated in D.3.1
- 2. I certify that all fallers proposed under this solicitation are covered by Workman's Compensation or a legal exemption.
- 3. I am [2] am not [3] registered in the Contractor Central Registration (CCR) system.
- 4. I have mot [] completed my representations and certifications on-line (Ref. E.3)